PASSPORT To Health Summit
Havre
May 10, 2005

Examine the four objectives of the PASSPORT Program

1. Reduce and control health care costs

a. **How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly**?

- Medicaid transportation only pays to go a local area provider for check-ups; it keeps transportation costs down.
- Nurse First and Team Care.
- Medicaid recipients use the Senior Citizen busses to take them to the doctor's office. Anyone can use it for this purpose – of any age. (There were mixed feelings by group members about this, both in support of it, and not.)

b. **What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective**?

- We ignore other lower costs alternatives, such as the use of midwives and birth centers. No out-of-hospital coverage exists, include of midwives.
- The lack of coverage of naturopathic wellness centers and chiropractors.
- Multiple visits in a single day. People go to another doctor, our clinic and the emergency room all in the same day. How does the PP know?
- More education of patients, using repetition. Some of the information provided to them doesn't apply to them, and selective learning occurs.
- Some doctors and nursing staff aren't at all educated about PASSPORT. When a patient calls for an appointment, they need to be asked about their insurance and get PP approval BEFORE the visit.
- We're the patient's provider, then they are seen by Indian Health Service, the IHS doctor refers them to a specialist, and we're out of the loop completely.

c. **What do you suggest for the future? What other arrangements could better meet this objective**?

- Work more with IHS and specialists.
- Don't allow an option of using both a provider and IHS. There's no control, for instance, over multiple, conflicting prescriptions and care. We need coordination of multiple providers especially regarding prescriptions.
- Nothing the doctors in IHS does acknowledges Medicaid; we don't know when referrals are occurring. We lose the focus on patient care. Doctors aren't educated sufficiently about PASSPORT.
- Address the duplication experienced by Native Americans. They are currently allowed go to either IHS or their provider for services, causing confusion.
- Explain, by sitting down with patients, how PP works and the requirements of the program.
- Some people are automatically assigned off-Reservation, delaying their care with specialists.
- We have people who live far away (Townsend to the High Line) registered with us. (Call Niki or Jackie when this occurs.)
- Clients don't change providers when they move. This can cause up to a month long

delay.

- Have one and only one provider so when people go back and forth, they are not to be able to access both. Doing so now results in poor health care. Figure out how to have better coordination and communication between the two providers.

2. Foster a medical home between provider and clients

a. **How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly**?

- Continuity of care for patients.
- Fast, accurate eligibility verification.
- The client is healthiest if he or she sticks with one provider. He or she has less questions about health problems if information is coordinated by one source.
- Clients have flexibility and options as far as choosing one.
- Providers who serve as PCPs really get involved in the patients care.

b. **What doesn t work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?**

- MEPS Program: The card the patient brings in has a control number, not a social security number. (This system is being revamped right now.)
- Sometimes the PP is not available to give a yes or no, and the patient doesn t know what to do.
- Some providers don t call back until the next day.
- We get calls asking for approval three months or even a year later.
- If the patient is between counties, the patient flip-flops between two providers. The other county doesn t want to treat the patient when the patient is enrolled in another county. This happens between Hill, Cascade, and Liberty Counties.
- The patients medical home: They present to the Indian Health Service, and go to specialists without a referral. The patient becomes lost. Occasionally the specialist will call, but not often. We think the specialist IS getting paid.
- Why aren t they referred to a LOCAL specialist? If we got the call first, they would probably not get paid.
- The Indian Health Service doesn t know if the patient has a provider and are on Medicaid; they just refer them on. Some of it is due to patient preference. The big problem is we lose them in the system.
- Education of patients: Moms with new babies don t know. Babies need numbers, but the moms don t know this.
- Some moms who have just delivered take the newborn to California or Wyoming. We never see them again, which leaves us hanging. Thus the baby care is not paid for, and it s not the provider s fault.
- We need to issue temporary numbers for babies when they are ready to deliver before they deliver. We need the birth certificate to prove the baby was born. The facility and doctor aren t paid.
- Some people are assigned to a provider, but no doctor has seen him or her. The person happens to be in Billings and is seen by a doctor. Some of these people are

pretty mobile.

- We get approval requests months after the service has taken place, and they need the approval right away in order to bill.

c. **What do you suggest for the future? What other arrangements could better meet this objective**?

- The client needs to be responsible for management of his/her health care with one provider. If they go to an outside provider, make them pay a higher co-pay. Or make it a smaller co-pay if he/she goes to their PCP or the PCP refers them out.
- Remind moms early and often about filling out the paper work for their babies.
- Provide incentives to moms to sign up the babies such as diapers, health care packages (soap, towels, band-aids, lotions, etc.).
- Refer to Medicaid offices right away when the mom's pregnancy test is positive.
- The paper work is a hassle and hard to understand too. Patients receive 6-7 months of services before they sign up.
- There is an attitude by case workers about people in this system. It takes a lot of gumption on the patients' part to stick with it. They don't want to be beholden to anyone.
- Is it hard to sign up for Medicaid?
- Have benefits coordinators in your building or close by, for ease of access by patients.
- The application process is lengthy. It takes time, money and training.
- Providers can enroll to be presumptive eligible. Sign up more providers to do this. Give us training to do this. A huge number of nurses would take this training if it were offered.
- A patient advocate that focuses on this would be helpful.
- We have a community service program that helps pay bills if a person is denied Medicaid. All of them don't have to be turned down. If you call with a pregnant lady, most will qualify. Inquiries about the eligibility of a twenty-five year old males will hear "I'm sorry, he won't qualify."

3. Assure adequate access to primary care

a. **How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?**

- Those that comply, comply. They have no problems. You know they are your patients, and it works well.
- There is an abundance of providers involved.
- Those patients know what is expected, have their card and patient. It goes smoothly.
- Clients with a PCP have better health due to their care.
- MEPS program's availability 24 hours a day. It's fast.

b. **What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?**

- Dental coverage. There are not dentists who accept Medicaid – especially for

children. Dentists are far away. We have plenty of dentists but none of them are signed up.

- There are not enough maternity providers. We need more who will take Medicaid.
- We're open Monday through Friday, from 8 AM to 5 PM. While we are open, a lot of patients go to the emergency room because of speed, convenience, and there is no co-pay during the visit to the ER. Personnel at the emergency rooms say we could start a new clinic at 6:00 PM because of the volume of people they see. The ER treats their conditions. We don't demand payment as well as we could.
- For a few patients, their Medicaid enrollment goes off and on. It's hard to keep track. Wouldn't that force them to come in and spend down their account?
- We have a lot of "no shows." We're trying to assure access and sometimes it's important that he or she come in, such as follow-up on an abnormal PAP. We spend a lot time trying to get them to come in.
- Transportation and the cost of gasoline are barriers, especially in rural areas.

c. **What do you suggest for the future? What other arrangements could better meet this objective?**

- Extend our clinic hours to include Saturday mornings.
- Help with transportation. We're not sure if they have asked for help with transportation. Are they educated about the help they can get? Perhaps remind them of the help that is available.
- Have the office staff / PCP arrange and request transportation assistance instead of the patient. I don't want to be the person coordinating the transportation, but we could help them access the services.
- Transportation should be offered county-wide because the patient is able to choose their provider.
- How do we know which doctors in a clinic are enrolled? Being a rural health clinic, we have a referral between the two clinic sites. Suggest the idea of an "umbrella provider."

4. Encourage preventive care

a. **How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?**

- We have good relationships with the patients; we get to see them quite often.
- There are more children getting immunizations and well child visits in PASSPORT than those outside it.
- Healthier patients are the result.
- You catch problems earlier.
- The education of both sides: patients and providers.
- Parents of PP patients are pleased with themselves for staying up-to-date with their child's immunizations and check-ups, and that they are getting their children the best possible care. A certain satisfaction results.
- Less crisis situations when they take care of problems before they become more severe.

b. **What doesn't work as well as you need or want it to? What problems do you**

experience? What concerns do you have about this objective?

- Sometimes clients don't show up for appointments, or arrive hours late.
- What do you do with patients who want to come Monday, Wednesday and Friday of every single week? They describe everything as a problem. Is there a solution from the state for this situation? (Nurse line and team care.)
- At OB/GYNs, patients come in when they have a problem, but not for yearly, preventive exams.
- Patients lack an understanding of what preventive care is.
- Barriers for patients include fear of the results of tests, and they don't like exams. Sometimes it's hard for them to get time off from work. In some providers' offices, there is a negative attitude toward patients. Some people don't think of going to a doctor unless they are ill. Have kids to care for is also a barrier ... loading them in the car, etc.
- Preventive dental care: Patients can't get in to see a dentist.
- PP and Medicaid patients travel a lot. We get calls from all over the country; they are more mobile than ever and don't attend to their health care needs.
- They are also mobile in their home addresses. Their phone numbers and address change frequently, and they are hard to contact.
- Some patients don't have a permanent address or phone number. They use those of relatives or friends, or general delivery at the post office.

c. **What do you suggest for the future? What other arrangements could better meet this objective?**

- Call backs, reminder calls about appointments.
- We're experiencing a dental crisis, especially for Medicaid patients for whom it's impossible. There are a lot of "no shows." Patients are only on Medicaid for 6-7 months at a time; most appointments take this long to schedule.
- Consider no co-pay for preventive care appointments.
- A woman comes in with a soar throat; we have no way of knowing she had a baby four months ago. Put the co-pay information on MEPS. Put on the computer screen whether a co-pay is required or not.
- At Fort Belknap, we have monthly preventive care clinics, both men's and women's. We give away water bottles and bags, and do drawings. PAPs, mammograms are performed, and massage and acupuncture are offered. A separate clinic is held for children. The state could supply the incentives and prizes for the drawings.
- Provide mobile clinics. Go out in a van to provide blood pressure checks, etc. to small towns.

Create your own model small work groups proposals

Food for thought: Taking into consideration all the information and discussions so far, what whole new way or modified way do you recommend we meet the objectives of Managed Care in Montana? Consider:

- Who should be eligible for PASSPORT (SSI only? Adults only? Children only?)?
- Integrated medical home (incorporate hospitals and urgent care as PCP)?
- Intensive case management of complex patients?
- Provider incentives?
- Demand management?
- Combinations of the above?

Model A proposals

- Who should be eligible: everyone on Medicaid, except over age of 65.
- Integrated medical home: no hospitals PCP.
- Pilot program:
  - Salaried physicians or providers for wellness clinics, well child clinics, and OB clinics.
  - Salaried dentist program.
  - Make services more timely monthly.
- Education: PCPs and clients.
  - Initial visit with PCP to establish care.
  - Mandatory yearly visit with PCP.
  - Mandatory well child visits.

Model B proposals

- Eligibility to stay the same, but include veterans with guidelines.
- Integrated medical home keep as is.
- More intensive case management.
- Provider sliding scale: 100 patients $7 per patient; 250 patients $8 per patient.
  - Medical education: trip, CME, involve all PASSPORT providers.
- More education for staff.
- State employed dentists to see only Medicaid and CHIP patients.
- Must have client responsibility.

Model C proposals

- Eligibility: Keep PP eligibility the same. Hospitals and urgent care should NOT be PPP.
- We don't see a lot of problems with how the system works. It's the client who needs to understand the program and what responsibility they play in the process.
- The client needs an advocate to do the education, one-on-one. Someone after the point of registration. A face-to-face, one-on-one encounter.
- Could the county place a person in our facility, those facilities with a large percentage of Medicaid patients, to do some education of applicants?
- Computerized referrals?
- A better process for PP approvals; it's very tedious and time consuming.

Model D proposals

- Eligibility pregnant women, children, income driven, people with disabilities.
- Cards: Helpful to have control number to check eligibility.
    - Shorten Medicaid application with providers having access to help with the application process. Having a patient advocate in the facility to complete the process.
    - Communicate with outside providers and IHS to help get services paid for.
- Educate all eligible recipients on what is expected of them, such as cards, cost share, and payment due at the time of service.
- Pre-certs done within a certain number of hours to help control costs to facility and Medicaid.
- Nurse First: Triage patients better to help control costs. Use cards to distribute to patients.
- Provider incentives: Ask more questions, work together, more money.
- Referrals:
    - Communication needs to be better.
    - Possible pre-cert these services also.
- Help line at Medicaid for questions or per-certs.
  - Not automated.
  - Real person to help you.

Feedback and suggestions about Referrals

Audits?

- Good idea.
- Time consuming; it took almost a full day.
- We wouldn't mind a periodic number change, as long as we have access to them on the first day they are issued.

On-line referrals?

- Would this also serve as your documentation?
- Creates a paper trail.
- Anything to streamline and make it faster would be great.

Changing the numbers quarterly?

- Doing so won't solve the problem.

Client referral responsibility to carry a referral card?

- It won't happen with some clients.
- If you are in pain, you won't want to have to worry about a piece of paper.
- Referral for IHS patients is interpreted as someone else IHS is paying for it.
- Should we change the word "authorization" to "PP approval" to avoid confusion?

Standardized forms?

- There is one, though it's not required.
- On-line forms would solve this problem.

Who is required to document referral?

- It could all be done on-line.
- It could force it back to the PCP.
- Wouldn't the specialist want to, to insure payment?
- Encourage offices to have only person both set the appointments and convey the referrals at the same time.

Should every service require a referral?

- There are people getting dental and mental health services without referrals.
- Yes!

Are there services which should NOT require a referral?

- Emergencies, defined as life-threatening. There is an 88 page definition of life threatening, and a list. It causes confusion in the clients.
- TPL claims, 800 and 900 claims – a liability issue.
- "No shows" to referrals cause the doctors to refuse to see those patients in the future. When it happens twice, word gets around and the patient is, in essence, black balled.

Individual participant worksheets

1. What do you most want the Program to consider from today's conversations?

Hospital or providers at a hospital:

- Provide temporary number for baby before the baby is born. Given after a certain trimester is reached.

Billing office staff or office managers:

- Education. More advocates. More seminars. Site visits.
- Consider working with IHS and Native populations to understand the PASSPORT rules and regulations for services.
- Dental care. Provider incentives. Help more of Montana children and single parents. Stop fraud of Montana program.
- Dental program.

Others:

- Invite a Medicaid eligibility specialist to these meetings. Maybe a state eligibility officer.
- I would like to see more consideration and responsibility drive to the providers. I think providing a friendly/welcoming atmosphere for the provider, the client will or would be more willing to be complaint. I would like to see Native Americans who do not pick a

PPP to place on auto-enrollment, enroll them to the nearest IHS/Tribal facility.

2. What do you find the most frustrating about the current approaches?

Hospital or providers at a hospital:

- Not being able to look up information on MEPS by control number. The card they get is of no use. Everything needs to be looked up by completely different numbers. (This will change in September and you will be allowed to look up information with the control number.)

Billing office staff or office managers:

- Education of clients and staff.
- IHS-providers. Getting referrals from some providers. Patient to be more responsible for items.
- Calls for patients that we have never seen to give PASSPORT approval.

Others:

- Blind spot to alternatives, the apparent prejudice against alternatives. Clients want alternatives and that need shows responsibility on their part. Midwives provide thorough personal care. My experience with the Hutterite Medical Fund shows that. In the time we worked with them we did about 400 births; average birth weight increased a whole pound (6 pounds, 12 ounces to 7 pounds, 12 ounces). We had 100% compliance with breast feeding, 3% transfer rate and about a 1% C Section rate. All at about one-third of the cost. The cost savings was well over $500,000 in the time frame.
- No real time updates. I'm not sure how to do this, but there are a few clients abusing the system and visiting more than one or two doctors, ER, clinics, etc. in one day.
- Not auto-enrolling Native Americans to the nearest IHS/Tribal facility.
- On-line referrals / PP number.

3. What would make you a champion and supporter of PASSPORT, and truly advocate for it?

Hospital or providers at a hospital:

- I would be more willing, with less complaining, if the program is more positive. This forum has made me feel more positive and educated. Recognition for the little extra efforts I do to get people enrolled in the program and payment for our facility coming through because of extra efforts made!

Billing office staff or office managers:

- More education to truly understand the program to help the facility understand it.
- Helping people access their PCP and know what a referral is and who gets paid.
- A salaried dental provider for Medicaid and CHIP. It's a huge problem trying to find a dentist that will take Medicaid or CHIP patients.

Others:

- From what I have seen, the PASSPORT office wants licensed MWs to be PCP. It is the Medicaid office that is the road block right now. We are licensed by the state and administered by the Board of Alternative Health Care, and since the Legislature made the determination that we were good enough to be regulated, then we should be reimbursed and able to support the families of the state that want that choice.

- Being able to interact and communicate with compassionate staff who understand the low income. Most times low self-esteem Medicaid client and help them (clients) rather than degrade or insult them.

Meeting evaluations summary

1. What were the **most** productive or helpful or interesting segments of today's meeting?
   - Understanding more about the PASSPORT providers and the referral system.
   - Just how the system works.
   - Creating our own model helped give different perspectives of how the PASSPORT Program works.
   - Being able to voice our thoughts and concerns regarding our community's access to health.
   - To try to do something about the dental programs in Montana. How to make the patient more responsible for their provider by choice.
   - To learn about PASSPORT. Being able to give concerns and problems.
   - Very educational. Medicaid providers very knowledgeable.
   - All of it.
   - Brainstorming. Talking with other people from different facilities.

2. What were the **least** productive or helpful or interesting segments of the today's meting?
   - None.
   - It was all good!
   - Referrals: Keep it simple. If you have a question, do an audit periodic.

3. Did you **accomplish** what you wanted to accomplish? If so, what subjects or issues or topics were they? What, if anything, did you get out of the meeting?
   - Yes, getting information from other providers about referrals, clients and providers.
   - Yes, increased providers.
   - Yes, I wanted to know how the PASSPORT Program works and who uses and qualifies.
   - Yes, just hearing more information on the PPP Program.
   - Yes, thank you.
   - Yes, more education and answers to all of my questions!
   - Yes.

4.a. What **changes and improvements** do you suggest for future meetings like this one?
   - Longer Summits with more information on IHS. More accessible to staff or coming to facility.
   - More often.
   - The workers' input more they work with all these providers and input from them.
   - All insurances do pre-cert on inpatient; Medicaid should also. So that everything is the same.
   - Dental, no providers to refer to.

4.b. What would you like to have left **exactly as it was** at this meeting? Keep these

characteristics:

- Feedback. Information on newsletters.
- Nothing.
- Group get together.
- Everything including lunch was very good.
- PASSPORT provider works well.

5. Any feedback about the **written materials** you received in advance of the meeting enough, too much, requests?
   - Enough. Cant take them back to share with other staff.
   - Enough.
   - Enough.
   - No, it was great.
   - Okay.
   - Didn t pre-register, so didn t get materials.

6. Any **other feedback**, suggestions or ideas?
   - Very good, informative Summit.
   - Good information.
   - Thanks for coming to Havre.